



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

**School District Claim for
State Reimbursement for
Individual and Isolated Transportation**

State ☐
District ☐
County ☐

DUE DATES:	First Semester	Second Semester
	February 1 to County Superintendent February 15 to State Superintendent	May 10 to County Superintendent May 24 to State Superintendent

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION:

This claim is for the period beginning _____, 20____ and ending _____, 20____.
month day month day

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date			Signature, Chair, Board of Trustees		
County: 19 Golden Valley			District: 0407 Ryegate K-12 Schools	District Level: High School	
District #	Contract #	Shared	Family's Name	Daily Rate	# of Days Transported
1	1132	No	MCKAY, KAYLENE	0.50	_____
1	1133	No	COUNTS, SHONNA	1.00	_____
1	1134	No	OLIVA, LESLEY (HOOPER)	0.25	_____
1	2368	No	Gardenhire, Dawn	0.25	_____